

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>im G</i>		7/6/99
O.I.P.E. CLASSIFIER		3	11/9/00
FORMALITY REVIEW	<i>ff</i>	71555	7-27-99
			8-19-99

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	7/21/00
2	12/26/00
3	7/14/01
4	4/17/02
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here